



Central District Health Department
707 North Armstrong Place
Boise ID 83704
Phone: 208-327-8625 Fax: 208-327-7100

STUDENT VOLUNTEER SERVICE AGREEMENT

Section I – Assignment Data

1. Student's Name: _____
2. Academic Discipline: _____
3. Educational Institution: _____
4. Academic Level: _____
5. Statement of Duties: **See Attached**
6. Assignment Location: Central District Health Department
707 N. Armstrong Pl.
Boise, ID 83704
7. Proposed Length of Internship: _____
(Start and Stop Dates)

Section II – Educational Institution Agreement

I certify that _____ is a student enrolled not less than halftime and is in good standing. The duties to be performed and scheduled hours of work are approved as appropriate for the course of study or training that he/she is pursuing. The student will/will not be given credit (academic or other) for the work assignment.

I understand that a record of the student's attendance and an evaluation of his/her performance will be provided to this institution when the volunteer service is completed.

Signature of Educational Institute Approving Official

Date

Title

Educational Institution

Section III – Volunteer Student Agreement

I understand that:

I will NOT receive pay or other compensation for services rendered;

I am NOT considered to be a Central District Health Department Employee and will not receive malpractice liability coverage, workman's compensation, or health and accident coverage;

I am to conduct myself with honesty and integrity in the performance of my duties;

I am to consciously safeguard Government/Client business, which is not for public information;

This agreement may be terminated at any time by myself, my educational institution, or Central District Health Department; and that

A record of my attendance and an evaluation of my performance will be provided to me and my educational institution when my work assignment is completed.

Signature of Student

Date

Section IV – Supervisor's Agreement

Supervision of the Student Volunteer will be provided and a record of attendance and a written evaluation of the student's performance will be provided to the student and the educational institution at the end of this agreement.

I certify that the volunteer services to be performed by the student, as outlined in this Volunteer Service Agreement, will not displace any employee.

Signature of Supervisor

Date

Section V – Central District Health Department Agreement

The Central District Health Department agrees to accept the volunteer service described in Section I.

Signature of Program Manager or Designee

Date